



**Arizona Department of Environmental Quality
Solid Waste Section, Inspection and Compliance Unit
1110 West Washington Street (4415A-2)
Phoenix, Arizona 85007
(602) 771-4673 or (800) 234-5677, Ext. 4673**

Registration of Waste Tire Collection Sites

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This form must be completed by the operator of a waste tire collection site (WTCS) pursuant to Arizona Revised Statutes (A.R.S.) § 44 -1303. A WTCS is defined as a site where waste tires are collected before being offered for recycling or reuse and where more than 500 tires are kept on a site on any day. A waste tire is defined as a tire that is no longer suitable for its original intended purpose because of wear, damage or defect.

Submit a separate registration form for each WTCS. Each completed registration form must be either typed or printed in ink.

A. WTCS INFORMATION

1. NAME OF WTCS

2. WTCS LOCATION

PHYSICAL STREET ADDRESS_____

CITY_____ **COUNTY**_____ **ZIP CODE**_____

Directions to the location from a major existing roadway (Please enclose maps)

3. WTCS GEOGRAPHIC LOCATION

a) Township Range Section(s)

Please provide latitude/longitude or GPS coordinates (if available) _____

b) County Assessor Tax Roll: Book _____ Page _____ Map _____

Parcel No. _____ Zoning Classification (if applicable) _____

4. MAILING ADDRESS OF WTCS (if different from physical address)

CITY _____ STATE _____ ZIP CODE _____

5. WTCS TELEPHONE NUMBER () _____

6. WTCS CONTACT PERSON _____

7. CONTACT PERSON'S TELEPHONE NUMBER () _____

8. WTCS SIZE _____ acres or _____ square feet or _____ other

B. WTCS OPERATOR INFORMATION

1. NAME OF THE OPERATOR OF THE WTCS

2. OPERATOR ADDRESS

CITY _____ STATE _____ ZIP CODE _____

3. MAILING ADDRESS (if different)

CITY _____ STATE _____ ZIP CODE _____

4. TELEPHONE NUMBER () _____

5. IF THE OPERATOR IS A CORPORATION, PLEASE COMPLETE THIS SECTION

NAME OF THE STATUTORY AGENT: _____

TITLE: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: () _____

If this is the first time registration of this WTCS, after April 2000, then provide documentation that the property owner was notified of the use of the land as a WTCS.

C. WTCS PROPERTY OWNER INFORMATION

If the same as the operator, just indicate "same" in #1 and skip to Section D.

1. NAME OF WTCS PROPERTY OWNER

2. WTCS PROPERTY OWNER MAILING ADDRESS

CITY _____ STATE _____ ZIP CODE _____

3. TELEPHONE NUMBER () _____

**4. IF THE OWNER IS A CORPORATION, THEN PLEASE COMPLETE THIS SECTION
NAME OF THE STATUTORY AGENT: _____**

TITLE : _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER: () _____

D. DESCRIPTION OF WTCS

The WTCS is:	a COUNTY WTCS	yes/no
	other government WTCS and	OPEN or CLOSED to the public
	a PRIVATE WTCS and is OPEN to the public	OPEN or CLOSED to the public
	a WTCS is at a tire processing facility	yes/no

**1. Number of tires stored at the site on a daily basis _____
(financial assurance & self certification requirements apply to a WTCS with 5000+ waste tires)**

2. Maximum number of tires anticipated for storage at the site _____

What kind of tire? (Please circle the applicable type)

☐ Passenger car tires

☐ Semi truck tires

☐ Off-the-road tires

3. How are tires stored?

* Stacked in rows _____

* Dumped into piles _____

4. Is a tipping fee required at this WTCS? (Please describe)

5. Average length of storing time before tires go to final deposition _____

6. Are fire breaks provided?

Yes/No

Distances:

- * Between tire storage area and property line Yes/No
How many feet? _____
- * Between tire pile/ rows Yes/No
How many feet? _____
7. Is there a fire prevention plan? Yes/No
8. Is there a fire fighting plan? Yes/No
9. Please specify the type of fire fighting equipment provided at the site:

10. Is chopping, shredding or other processing done at WTCS? Yes/No
If yes- Explain _____
11. Planned final deposition of tires _____

12. Anticipated lifetime of the WTCS _____
13. Region, county or area the WTCS will serve: _____

E. CERTIFICATION

The application shall be signed by the operator or the authorized agent of the WTCS. The applicant shall certify in writing that the information submitted in the application is true, accurate and complete to the best of the applicant's knowledge and belief.

NAME AND OFFICIAL TITLE

SIGNATURE

DATE SIGNED

Checklist:

- _____ Map Enclosed
_____ Property Owner Notification

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